Chapter 8 - Caseload Management

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GOAL OF CASELOAD MANAGEMENT

One of the most challenging aspects of the WIC Program is finding the right blend of strategies to successfully manage caseloads and meet funding obligations. The goal of good caseload management is to deliver, within available resources, appropriately prescribed food packages and nutrition services to the maximum number of persons most in need.

Missed Appointments

Missed Certification Appointments and Warrant Pick-Ups (No-Shows)

It is important that all WIC participants receive their full benefits each month. Any currently certified participant who does not come to the WIC clinic to receive their warrants and nutrition education is identified as a "no-show". Each agency must monitor their no-show level, and if an agency attains a rate higher than ten percent per quarter, a documented action plan must be developed to identify why participants are not returning to clinic, and how to reduce the local agency's no-show rate.

No-Show Follow Up

WIC appointments are usually made several months in advance. Appointment reminders are a good way to reduce no-shows.

No-Show Follow Up

The following procedures are recommended for use by local agencies to reduce no-shows:

- When an appointment is made for a participant, ask him or her to write his or her current address on the front of a postcard, and to fill out the back of a postcard which is printed as follows:

> You have a clinic appointment at:
>
> (Clinic address - preprinted)
>
> on_____at_____
>
> If you cannot keep this appointment, please call (clinic phone # - preprinted) at least 24 hours in advance to schedule a new appointment.

To preserve confidentiality, do not use "WIC" on either side of the postcard. File the postcards by appointment dates, and mail them several days before appointments.

Some participants may have moved by the time their appointment postcard is sent, but may receive their postcards.

- Involve staff in taking action to reduce no-shows.

- The morning prior to a participant's appointment, call the applicant to confirm date and time.

When Pregnant Women Miss Appointments

Pregnant Women Who Miss First Appointment

Each local agency must attempt to contact (by phone or by mail) each pregnant woman who misses her first appointment to apply for participation in the program in order to reschedule the appointment. This requirement applies to initial certification only and does not apply to missed appointments for WIC warrant pick up or to missed appointments at subsequent applications. To facilitate attempts to contact these women if an initial certification appointment is missed, local agencies must request an address and telephone number of each pregnant woman at the time of the initial contact.

Caseload Monitoring and Allocation

Allocation and Monitoring of Caseload

Local agencies must submit an annual caseload projection as one of the major goals in their grant proposal. This caseload projection must be related to the number of staff requested in a local agency's budget and be expressed as a staff to participant ratio.

The state agency will consider the following factors in analyzing each local agency's caseload projection and staff to participant ratios, and in making grant funding decisions:

- Percent of USDA projected eligible population served in local agency's geographical service area.
- Geographical size of and travel time in local agency's service area.
- Prior year caseload.
- Any special projects being undertaken by the local agency.

Monitoring and Reports

Monitoring and Reports

The state and local agencies will monitor the number of active participants (participants who received warrants for redemption in that month) on a monthly basis. This will be compared to each local agency's caseload projection, and to subsequent projections made by each agency. Technical assistance will be offered by the state agency to local agencies that have difficulty in meeting their caseload projections.

Local agencies should consider the following factors in monitoring month-by-month caseload:

- The number of participants whose certification periods are expiring, by month, who will not be eligible for recertification.
- The number of participants whose certification periods are expiring, by month, who will be categorically eligible to be screened for recertification.
- Prior caseload, by month.

- The average number of appointments, by month, for applicants for certification and recertification. This average should be calculated for at least the past six months.
- Outreach activities which have the potential of increasing the number of applications.
- Seasonal fluctuations in average area incomes which, based on prior history, usually increase or decrease active caseload.
- Seasonal migration patterns, such as moves to summer fish camps, which, based on prior history, usually increase or decrease caseload.

BENEFIT TARGETING

Local Agency Plans

Local Agency Benefit Targeting Plans

Local agencies are required to develop an outreach plan to implement a public awareness program which encourages participation and informs all potentially eligible persons, particularly minorities and women in the early months of pregnancy, of the program. The public awareness system must advise participants of the protection against discrimination and describe the procedure for filing a complaint.

Local agencies should use forms of communication such as letters, leaflets, brochures, bulletins, newspapers, and radio and television announcements to disseminate program information to the general public with emphasis on women in the early months of pregnancy, and minorities and minority organizations.

Information distributed to the public must advise potential participants, particularly minorities, women, the homeless, foster care givers, and grassroots organizations, of program availability and eligibility standards throughout the year. It must also inform potential participants of any significant program changes in the areas affected, such as revisions in income eligibility standards and the location of new clinics, as well as hours of service.

This information must be publicly announced by local agencies at least annually and must also be distributed to offices and organizations that deal with significant numbers of potentially eligible persons, including health and medical organizations, physicians, hospitals, and clinics, welfare and unemployment offices, social service agencies, farmworker organizations, foster care facilities, Indian tribal organizations, religious and community organizations in low income area, and WIC vendors.

Public Awareness

The public awareness program material should use photographs or other graphics to display participants of different races, colors, ages, sexes, handicaps, and national origins on program related information which conveys the message of equal opportunity.

It should also provide information and other materials such as applications, eligibility criteria and procedures for delivery of benefits in languages other than English as needed.

All outreach information concerning program activities must contain the WIC non-discrimination statement (see Chapter 1).

Migrant Outreach

Outreach to Migrants

Migrant farm workers (individuals who move regularly in order to find farm work, such as harvesting crops) are not identified as a special population in this state. However, in Alaska there is a small number of loggers who work in the timber industry and seasonal cannery workers who work in the seafood industry. Approximately two-thirds of summer food processing employees are nonresidents.

Because the Alaska Department of Labor does not identify migrant workers as a special population, there is no data available for health planning. Alaska WIC local agencies will preferentially enroll a migrant who has been a WIC participant elsewhere, but migrants are not considered a special population in Alaska.

Alaska Native Outreach

Outreach to Alaska Natives

Fifteen percent of all Alaskans are American Indian, Eskimo, or Aleut. Many Alaska Natives live in remote villages which average less than 250 in population. These villages are scattered along the major riverways and coastal areas of Alaska, and are basic units of subsistence culture. This remoteness and sparseness of population makes it expensive and difficult to administer a program such as WIC in the “bush communities”. Costs are extremely high for salary, travel, communication, and equipment as well as training and maintaining part-time personnel. At the same time, Alaska Natives are at an elevated health risk compared to non-Natives, and many have less access to health services because they live in remote areas.

In order to improve the health status of Alaska Natives, every reasonable effort must be made to serve this population. The state agency currently awards funds to ten health agencies that have the health of Alaska Natives as their primary focus (Norton Sound Regional Health Corporation, Southeast Alaska Regional Health Consortium, North Slope Borough Department of Health and Social Services, Yukon-Kuskokwim Health Corporation, Tanana Chiefs Conference, Bristol Bay Area Health Corporation, Kodiak Area Native Association, Metlakatla Indian Community, Chugachmiut, and the Aleutian/Pribilof Islands Association). All local agencies are required to do outreach to minority organizations to ensure that Alaska Natives are informed of program availability.

Outreach to Other Minorities

The population of other minorities in Alaska is growing. Significant numbers of Hispanics, African Americans and Asian/Pacific Islanders are now residents of the state. Local agencies should make special efforts to reach these populations using outreach methods which are appropriate to such populations, such as through churches or community groups.

WAITING LIST POLICY AND PROCEDURES

Policy

Waiting lists will be established and maintained when current active caseloads and/or local agency caseload projections indicate that food expenditures may exceed available funds, or when food fund reductions in the Alaska WIC grant from the USDA are anticipated.

Waiting List Policy

If the state agency experiences food funding shortages, it will notify local agencies that waiting lists of persons applying for services must be kept. In no case can an applicant who requests placement on a waiting list be denied inclusion. Individuals may visit the local agency or make a telephone request for placement on the waiting list. Applicants for recertification screening should be placed on the same waiting list as new applicants (i.e., recertifications do not take priority over new applicants). Persons placed on a waiting list should receive notification of their placement on the waiting list within 20 days of the time that she/he applies for services.

Procedures

Waiting List Procedures

The number of active participants who can be served will be projected by the state agency, based on current and projected caseload, and food fund availability. Current numbers of active participants in each priority group (See Chapter 2) will be analyzed, and will be used in determining the numbers of new applicants or participants applying for recertification who must be placed on waiting lists. Waiting list designations will begin with the lowest priority group currently being served, and will progress upward through priority groups, depending on the cut in active caseload which may be necessary. Subprioritization within priority groups will be employed if necessary.

Uniform Waiting List

The person's name, address, phone (or message phone), status (pregnant, breastfeeding, age) and application date should be recorded on the appropriate waiting list which establishes the order in which clients will be contacted. Clients will be contacted from the list in the following order:

Uniform Waiting List

- Persons transferring from another WIC clinic who are still within a certification period. When an opening occurs, transferring participants must be served ahead of all other applicants on the waiting list for their priority group,

regardless of their priority. If the certification period has expired, they are to be treated as all other applicants for certification.

- Infants and pregnant and breastfeeding women with known nutritional risk which would qualify them as Priority I applicants.

- Infants, birth to 6 months, classified as Priority II because they were born to WIC mothers or women with known high-risks conditions.

- Children with known medical risks which qualified them as Priority III. The state agency may develop subpriorities for Priority III children if necessary.

- All infants and pregnant and breastfeeding women other than those with Priority I or II risks.

- High risk postpartum women qualified as Priority III.

- All children other than those with Priority III risks.

- Postpartum women other than those with Priority III risks.

No local agency variations will be permitted without written prior state agency approval. Local agencies will place an applicant on a waiting list only after categorical eligibility and nutritional risk have been established.

The state agency will monitor the number of applicants on waiting lists for each local agency on a monthly basis.

Waiting List Reduction

If additional food funds become available, the number of applicants, by priority group, who can be added to the statewide caseload will be projected by the state agency. Local agencies will be notified of the number of applicants who can be certified, by priority group. Applicants in each priority group that can now be certified will be certified based on the amount of time they have been on the waiting list.

Waiting List Reduction

It is recognized that it is much harder for a local agency to build caseload than to cut caseload, so a decision to implement the waiting list policy will only be made after very careful consideration.